

Natural Disaster Emergency Designation

and
Authorization for an Exception to the Biweekly Maximum Earnings Limitation

Part 1. Natural Disaster Emergency Designation

(To be signed by the Administrator, Assistant Administrator, Associate Administrator, Regional Administrator, or his/her designee)

a. Designation:

A natural disaster emergency, involving a direct threat to life or property, is in effect.

Region(s)/Office(s): _____

Type of non-natural disaster: _____

Location(s): _____

Date emergency began: _____

EPA employees will be required to work extensive overtime hours to resolve this emergency.

I therefore request approval of an exception to the biweekly maximum earnings limitation.

This exception should remain in effect until I notify the Human Resource Officer that the emergency has concluded, by completing Part 3 of this form.

The exception will apply to the employees listed in Part 1b below. These employees are performing work directly related to resolving the emergency. As the emergency continues, I may add employees to the list by notifying the Human Resource Officer.

(Signature)

(Date)

(Title)

b. Employees for whom the exception is requested: *(attach a separate sheet if necessary)*

Name	SSN

(After completing Part 1, forward this form to the Human Resource Officer. Retain a copy to be attached when completing Part 3 at the conclusion of the emergency.)

Part 2. Authorization for Exception to the Biweekly Maximum Earnings Limitation

(To be completed by the Human Resource Officer)

I authorize an exception to the biweekly earnings limitation for the employees listed in Part 1b. This exception is authorized according to the provisions of 5 CFR 550.106(a). The exception will remain in effect until I notify Financial Management Division by completing Part 4 of this form.

Effective date of the exception: _____
(Beginning of the pay period during which the emergency began.)

(Signature)

(Date)

(Send to Financial Management Division, Headquarters Accounting Operations Branch, Payroll Section, PM-226. Retain a copy of this form to be attached when completing Part 4 at the conclusion of the emergency.)

Part 3. Notification of Conclusion of Natural Disaster Emergency

(To be signed by the Administrator, Assistant Administrator, Associate Administrator, Regional Administrator, or his/her designee)

I certify that the natural disaster emergency in Region(s)/Office(s) _____, which began on _____ at _____ has concluded. The exception to the biweekly maximum earnings limitation, now in effect for the employees listed in Part 1b, is no longer required.

(Signature)

Termination of the exception to the biweekly limitation should be effective:

(Title)

(Date of conclusion of the emergency)

(Date)

Forward this form to the Human Resource Officer. Attach copy of Part 1b.

Part 4. Authorization for Termination of Exception to the Biweekly Maximum Earnings Limitation

(To be completed by the Human Resource Officer)

I authorize the termination of the exception to the biweekly earnings limitation that is currently in effect for the employees listed in Part 1b. The biweekly limitation will be reinstated.

Effective date of the termination: _____
(End of the pay period during which the emergency concluded.)

(Signature)

(Date)

(Send to Financial Management Division Headquarters Accounting Operations Branch, Payroll Section, PM-226. Retain a copy of the form for Human Resources Office records.)